



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒ No ☐

VERIFICATION OF EXPERIENCE

MANAGER INFORMATION

This document was **completed by a client or employer**, qualified to verify the legal experience in the category of the license for which this manager is applying.

(Note: Attachments will **NOT** be considered.)

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I am including Investigators Company Manager Experience , with at least three (3) consecutive years of verifiable work experience performed. This experience was legally obtained prior to the date of this application, on a full-time basis in the field of investigation. (Note: For additional Investigator experience for consideration, please refer to Administrative Rule 35.221).	Yes <input type="radio"/>	No <input type="radio"/>
I am including Class B, Security Services Contractor Manager Experience (excluding Guard Company), with at least two (2) consecutive years of verifiable work experience performed. This experience was legally obtained prior to the date of this application, on a full-time basis in each category of license for which you are applying.	Yes <input type="radio"/>	No <input type="radio"/>
I am at least twenty-one (21) years of age and am including Guard Company Manager Experience , with at least three (3) years of accumulated work experience performed. This experience was legally obtained prior to the date of this application, in each category of license for which the applicant's prospective employer is licensed and at least one (1) year of experience in a managerial or supervisory position.	Yes <input type="radio"/>	No <input type="radio"/>
I am including Class B, Locksmith Manager Experience , with at least two (2) consecutive years of verifiable work experience performed. This experience was legally obtained prior to the date of this application, on a full-time basis in each category of license for which you are applying. (Note: For additional Locksmith experience for consideration, please refer to Administrative Rule 35.222).	Yes <input type="radio"/>	No <input type="radio"/>

This is to certify and state that: (THE PERSON FOR WHOM EXPERIENCE IS BEING VERIFIED)

Applicant Last Name	First	Social Security No.	-	-
------------------------	-------	------------------------	---	---

THE REMAINDER OF THIS FORM **MUST** BE FILLED IN BY THE VERIFYING PERSON

EXPERIENCE INFORMATION

Please provide a brief statement below on verifiable work experience:

The above services were performed:	From Date: (MM/DD/YYYY)	/	/	To Date: (MM/DD/YYYY)	/	/
------------------------------------	----------------------------	---	---	--------------------------	---	---

VERIFYING PERSON INFORMATION

Last Name	First	
Company Name (If Any)		
Address	Phone ()	
City	State (2- Digit Code)	ZIP

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Signature of Person Verifying Experience _____ Date ____ / ____ / ____

This form and attachments can be Faxed to **(512) 424-7726** or **(512) 424-7727** or forwarded by mail to:

**Texas Department of Public Safety
Private Security MSC 0242
PO Box 4087
Austin, TX 78773-0001**